



Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

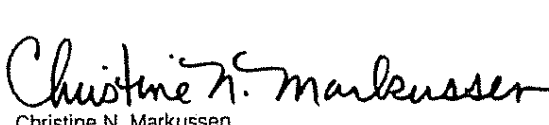
Metropolitan Life Insurance Company will pay the amount of insurance and provide the other benefits of this policy according to its provisions.

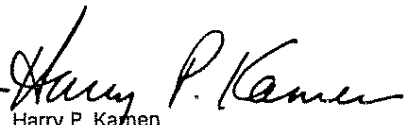
Insured **PEGGY GOODMAN**

Specified
Face Amount
of Insurance **\$25,000 AS OF DEC. 28, 1989**

Policy Number **906 330 155 UL**

Plan **Flexible-Premium Life**


Christine N. Markussen
Vice-President and Secretary


Harry P. Kamen
Chairman, President & Chief Executive Officer

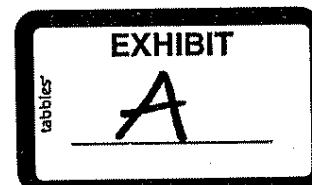
Flexible-Premium Life Insurance Policy

Life insurance payable if the insured dies before the Final Date of Policy.
Accumulation Fund, if any, payable on the Final Date.
Adjustable death benefit.
Premiums payable while the insured is alive and before the Final Date of Policy.
Premiums must be sufficient to keep the policy in force.
Not eligible for dividends.

10-Day Right to Examine Policy-- Please read this policy. You may return this policy to Metropolitan or to the sales representative through whom you bought it within 10 days from the date you receive it. If you return it within the 10-day period, the policy will be void from the beginning. We will refund any premium paid.

See Table of Contents and Company address on last page.

READ THIS POLICY CAREFULLY. This policy is a legal contract between the policy owner and Metropolitan Life Insurance Company.



POLICY SPECIFICATIONS

DATE OF POLICY DECEMBER 28, 1989
INSURED'S AGE 61
FINAL DATE OF POLICY POLICY ANNIVERSARY AT AGE 95
DEATH BENEFIT OPTION B (SEE PAGE 5)
OWNER THE INSURED
BENEFICIARY TARISH WHITE MORRIS
CONTINGENT BENEFICIARY SEE APPLICATION

POLICY CLASSIFICATION STANDARD

INSURED

PEGGY GOODMAN

SPECIFIED
FACE AMOUNT
OF INSURANCE \$25,000-AS OF DEC. 28, 1989 906330155UL . POLICY NUMBER
PLAN FLEXIBLE PREMIUM LIFE 61L 109

THIS POLICY PROVIDES LIFE INSURANCE COVERAGE UNTIL THE FINAL DATE IF
SUFFICIENT PREMIUMS ARE PAID. THE PLANNED PREMIUM SHOWN BELOW MAY
NEED TO BE INCREASED TO KEEP THIS POLICY AND COVERAGE IN FORCE.

PLANNED PREMIUM OF \$125.00-PAYABLE MONTHLY

(TOTAL PREMIUM FOR LIFE INSURANCE BENEFIT, ANY SUPPLEMENTAL RATING
AND ANY ADDITIONAL BENEFITS LISTED BELOW)

POLICY SPECIFICATIONS (CONTINUED)

GUARANTEED INTEREST RATE FOR ACCUMULATION FUND4% A YEAR

INTEREST RATE ON THE FIRST \$1,000 IN THE ACCUMULATION FUND.....4% A YEAR

NET PREMIUMS..... 91% OF ALL PREMIUMS RECEIVED

EXPENSE CHARGES..... 9% OF ALL PREMIUMS RECEIVED
(FIRST 12 POLICY MONTHS) \$35 PLUS \$.25 FOR EACH \$1,000 OF
SPECIFIED FACE AMOUNT OF INSURANCE.
THERE WILL BE AN ADDED CHARGE OF \$2 A MONTH WHENEVER THE
SPECIFIED FACE AMOUNT IS LESS THAN \$100,000.

CASH WITHDRAWAL
CHARGES..... (FIRST POLICY YEAR) \$35 TIMES THE NUMBER OF POLICY MONTHS
LEFT IN THE YEAR.

SPECIFIED FACE
AMOUNT LIMITS..... YOU MAY NOT REDUCE YOUR SPECIFIED FACE AMOUNT OF
INSURANCE TO LESS THAN \$50,000 FOR THE FIRST 5 POLICY YEARS
OR TO LESS THAN \$25,000 AFTER THE 5TH POLICY YEAR.

IF THE INSURED IS AGE 60 OR OLDER ON THE DATE OF POLICY, YOU
MAY NOT REDUCE THE SPECIFIED FACE AMOUNT TO LESS THAN
\$25,000 FOR THE LIFE OF THE POLICY.

THIS POLICY IS NOT ELIGIBLE FOR DIVIDENDS; IT DOES NOT PARTICIPATE IN ANY DISTRIBUTION OF
OUR SURPLUS.

AN ADJUSTMENT IN THE INTEREST CREDITED TO THE ACCUMULATION FUND WILL BE DETERMINED
ON A PROSPECTIVE BASIS AND WILL NOT RECOUP PAST LOSSES.

Table of Guaranteed Maximum Rates For Each \$1,000 of Term Insurance
(See "Cost of Term Insurance" Provision on Page 8.)

Age	Monthly Rate*	Age	Monthly Rate*	Age	Monthly Rate*
0	.189	33	.145	66	1.903
1	.079	34	.153	67	2.072
2	.074	35	.162	68	2.248
3	.073	36	.172	69	2.443
4	.071	37	.186	70	2.667
5	.068	38	.201	71	2.931
6	.064	39	.217	72	3.241
7	.063	40	.237	73	3.603
8	.060	41	.258	74	4.007
9	.060	42	.280	75	4.449
10	.060	43	.302	76	4.921
11	.063	44	.325	77	5.416
12	.069	45	.352	78	5.945
13	.077	46	.377	79	6.522
14	.086	47	.405	80	7.174
15	.096	48	.436	81	7.922
16	.105	49	.469	82	8.789
17	.112	50	.507	83	9.765
18	.118	51	.548	84	10.848
19	.122	52	.595	85	12.019
20	.123	53	.648	86	13.271
21	.125	54	.704	87	14.608
22	.124	55	.764	88	16.034
23	.124	56	.826	89	17.562
24	.123	57	.889	90	19.221
25	.121	58	.956	91	21.066
26	.122	59	1.027	92	23.167
27	.123	60	1.109	93	25.733
28	.125	61	1.203	94	29.176
29	.128	62	1.316		
30	.130	63	1.444		
31	.134	64	1.588		
32	.140	65	1.743		

* If there is a supplemental rating for the life insurance benefit, as shown on page 3, the monthly deduction for such supplemental rating must be added to the monthly rate determined from this table.

Understanding This Policy

"You" and "your" refer to the owner of this policy.

"We", "us" and "our" refer to Metropolitan Life Insurance Company.

The "insured" named on page 3 is the person at whose death the insurance proceeds will be payable.

The "Specified Face Amount of Insurance" as of the date of policy is shown on page 3. A new page 3 will be issued to show any change in the Specified Face Amount of Insurance that has occurred at your request.

The "Date of Policy" is shown on page 3.

The "Final Date of Policy" is the policy anniversary on which the insured is age 95.

Policy years and months are measured from the date of policy. For example, if the date of policy is May 5, 1999, the first policy month ends June 4, 1999 and the first policy year ends May 4, 2000. Also, the first monthly anniversary is June 5, 1999, and the first policy anniversary is May 5, 2000.

The "accumulation fund" forms the basis for the benefits provided under your policy. Computation of the accumulation fund is described on page 7.

To make this policy clear and easy to read, we have left out many cross-references and conditional statements. Therefore, the provisions of the policy must be read as a whole. For example, our payment of the insurance proceeds (see below) depends upon the payment of sufficient premiums (see page 9).

To exercise your rights, you should follow the procedures stated in the policy. If you want to request a payment, adjust the death benefit, change a beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your sales representative or our Home Office.

Payment When Insured Dies

Insurance Proceeds

If the insured dies before the Final Date of Policy, an amount of money, called the insurance proceeds, will be paid to the beneficiary. The insurance proceeds are the sum of:

- * The death benefit described below.

PLUS

- * Any insurance on the insured's life that may be provided by riders to this policy.

MINUS

- * Any policy loan and loan interest.

We will pay the insurance proceeds to the beneficiary after we receive proof of death and a proper written claim.

Payment When Insured Dies (Continued)

Death Benefit You must choose one of the following two death benefit options:

1. **Option A:** The Specified Face Amount of Insurance.
2. **Option B:** The Specified Face Amount of Insurance.

PLUS

The accumulation fund on the date of death.

The death benefit payable will be the amount of the option in effect at the time of death. However, if this amount is less than the minimum death benefit described below, we will pay the minimum death benefit amount instead.

Minimum Death Benefit In no event will the death benefit be less than the amounts described below:

Age on Date of Death	Minimum Death Benefit as a Percentage of the Accumulation Fund
40 or younger	250%
41-45	243-215
46-50	209-185
51-55	178-150
56-60	146-130
61-65	128-120
66-70	119-115
71-75	113-105
76-90	105
91-95	104-100

The minimum death benefit will decrease uniformly within the age ranges shown.

Death Benefit Adjustment At any time after the first policy year while the policy is in force, you may change the death benefit option or change (either increase or decrease) the Specified Face Amount of Insurance, subject to the following:

1. In the event of a change in the death benefit option, we will change the Specified Face Amount of Insurance as follows:
 - a. If you change from Option A to Option B, the Specified Face Amount of Insurance will be reduced by the value of the accumulation fund.
 - b. If you change from Option B to Option A, the Specified Face Amount of Insurance will be increased by the value of the accumulation fund.
2. The Specified Face Amount of Insurance may not be reduced to less than the Specified Face Amount Limits shown on page 3.1.
3. For any change which would increase the death benefit we may require evidence satisfactory to us of the insurability of the insured. Also, the increased death benefit will be subject to a charge of \$3 for each \$1,000 of insurance increase. We will deduct this charge from the accumulation fund as of the date the increase takes effect.
4. No change in the death benefit will take effect unless the accumulation fund, after the change, is sufficient to keep this policy in force for at least 2 months. Subject to this condition, a request for a change in the death benefit will take effect on the monthly anniversary which coincides with or next follows: (a) if evidence of insurability is required, the date we approve the request; or (b) if not, the date of the request.
5. We will issue a new page 3 for this policy showing the change. We may require that you send us this policy to made the change.

Computation of Accumulation Fund**Accumulation Fund**

The value of the accumulation fund is as follows:

- * On the date of policy - The first net premium (see page 3.1);

MINUS

The monthly deduction for the first month.

- * On any monthly anniversary - The value on the last monthly anniversary;

PLUS

One month's interest on such value at the currently applicable rates;

PLUS

The net premiums received since the last monthly anniversary with interest to the end of the policy month;

MINUS

The monthly deduction for the month beginning on the current monthly anniversary.

- * On other than a monthly anniversary - The value on the last monthly anniversary with interest to the current date;

PLUS

The net premiums received since the last monthly anniversary with interest to the current date.

If you make a partial cash withdrawal (see page 9), the accumulation fund defined above will be reduced by the amount of such withdrawal.

Monthly Deduction

The deduction for any policy month is the sum of the following amounts, determined as of the beginning of that month:

- * The monthly cost of the term insurance (See Cost of Term Insurance on page 8).
- * The monthly cost of any benefits provided by riders.
- * Expense charges shown on page 3.1

Interest Rate

The guaranteed interest rate used to determine the accumulation fund is .32737% a month, compounded daily. This is equal to a rate of 4% a year, compounded annually.

Computation of Accumulation Fund (Continued)

Interest will be credited to the accumulation fund each month as follows:

- * At the guaranteed interest rate on the first \$1,000 in the accumulation fund.
- * In the manner and at the rate we set from time to time, on amounts in excess of \$1,000 in the accumulation fund. The rate we set will never be less than the guaranteed interest rate.
- * If there is a loan against this policy, interest on that portion of the accumulation fund in excess of \$1,000 that equals the loan will be at a rate we set. The rate with respect to the amount of the loan will never be less than the guaranteed interest rate.

Example

Suppose the accumulation fund is \$10,000 and there is a policy loan of \$2,000. If we set the annual interest rates at 8% for amounts over \$1,000 in the accumulation fund and at 6% for the amount of any loan, then interest would be credited at the rate of 4% on the first \$1,000; at the rate of 6% on the next \$2,000 representing the amount of the loan; and at the rate of 8% on the remaining \$7,000.

Cost of Term Insurance

Under both death benefit options, the amount of term insurance for any policy month is equal to:

- * The death benefit divided by 1.0032737;

MINUS

- * The accumulation fund.

The accumulation fund used in this calculation is the accumulation fund at the beginning of the policy month before the deduction for the monthly cost of term insurance, but after the deductions for riders and any other charges.

The cost of the term insurance for any policy month is equal to the amount of term insurance multiplied by the monthly term insurance rate. Monthly term insurance rates will be set by us from time to time, based on the insured's age and underwriting class. But these rates will never be more than the maximum rates shown in the table on page 4.

Payments During Insured's Lifetime**Payment on Final Date of Policy**

If the insured is alive on the Final Date of Policy, we will pay you the accumulation fund minus any policy loan and loan interest. Coverage under this policy will then end.

Cash Value

Your policy has a cash value while the insured is alive.

The cash value at any time during the first policy year is:

- * The accumulation fund;

MINUS

- * \$35 times the number of full policy months left in that year;

MINUS

- * Any policy loan and loan interest.

Payments During Insured's Lifetime (Continued)

After the first policy year, the cash value at any time will equal the accumulation fund, minus any policy loan and loan interest.

Full and Partial Cash Withdrawal

We will pay you all or part of the cash value after we receive your request at our Home Office. The cash value will be determined as of the date we receive your request. If you request and are paid the full cash value, this policy and all our obligations under it will end. We may require surrender of this policy before we pay you the full cash value.

Each partial withdrawal of cash value must be at least \$250. When a partial withdrawal is made, we will reduce the accumulation fund by the amount of the partial withdrawal. If Option A is in effect, we will also reduce the Specified Face Amount of Insurance by the amount of the partial withdrawal; and a new page 3 will then be issued. We may require that you send us this policy to make the change.

If you request a partial withdrawal which would reduce the cash value to less than \$500, we will treat it as a request for a full cash withdrawal. Also, if Option A is in effect and the Specified Face Amount of Insurance would be reduced to less than the Specified Face Amount Limits on page 3.1, we will treat your request as a request for a full cash withdrawal.

Policy Loan

You may also get cash from us by taking a policy loan upon assignment of this policy as sole security. If there is an existing loan you can increase it. The most you can borrow at any time is the cash value on the next monthly anniversary, less the monthly deduction for the following month.

Loan interest is charged daily at the rate of 8% a year, and is due at the end of each policy year. Interest not paid within 31 days after it is due will be added to the amount of the loan. It will be added as of the due date and will bear interest at the same rate as the rest of the loan.

A loan may affect the interest rate we credit to amounts over \$1000 in the accumulation fund (see "Interest Rate" on page 7).

Loan Repayment

You may repay all or part (but not less than \$25) of a policy loan at any time while the insured is alive and this policy is in force. If any payment you make to us is intended as a loan repayment, rather than a premium payment, you must tell us this when you make the payment.

Failure to repay a policy loan or to pay loan interest will not terminate this policy unless the accumulation fund, minus the policy loan and loan interest, is insufficient to pay the monthly deduction due on a monthly anniversary. In that case, the Grace Period provision will apply (see page 10).

Deferment

We may delay paying a full or partial cash withdrawal for up to 6 months from the date we receive a request for payment. If we delay for 30 days or more, interest will be paid from the date we receive the request at a rate not less than 3% a year. We will not delay payment of a partial cash withdrawal that is to be used to pay a premium.

We also may delay making a policy loan, except for a loan to pay a premium, for up to 6 months from the date you request the loan.

Premiums

Premium Payments

Premiums may be paid at our Home Office or any other office we designate or to our sales representative. A receipt signed by our President or Secretary and countersigned by the sales representative will be given for a premium paid to the sales representative.

Premiums (Continued)

The first premium is due on the date of policy and will be credited as of that date. No insurance will take effect before the first premium is paid. Other premiums may be paid at any time while the policy is in force and before the Final Date of Policy and in any amount but subject to the limits described below.

We will send premium notices, according to the planned premium shown on page 3. You may skip planned premium payments or change their frequency and amount if the accumulation fund is large enough to keep your policy in force.

Limits

The first premium must be large enough to keep your policy in force for the first year. Payment of the planned premium shown on page 3 will be sufficient to do this. Each premium payment after the first must be at least \$250 annually or \$150 semi-annually (\$25 for a Check-O-Matic payment).

We may increase these minimum premium limits. No increase will take effect until 90 days after notice is sent.

The total premiums paid in a policy year may not exceed the maximum we set for that year. When we set the maximum for total premiums paid in a policy year, we will take account of any requirements of federal legislation. We will return to you any premium paid in a policy year which exceeds the maximum.

Continuance of Insurance Upon Non-Payment of Premiums

If planned premium payments are skipped, we will automatically deduct an amount from the accumulation fund as long as the cash value is sufficient to cover the cost of term insurance and expenses. Automatic deductions will be considered as a nonforfeiture option.

Grace Period

If the accumulation fund on any monthly anniversary, minus any policy loan and loan interest, is less than the monthly deduction for that month, there will be a grace period of 61 days after that anniversary to pay an amount that will cover the monthly deduction. We will send you a notice at the start of the grace period. We will also send a notice to any assignee on our records.

If we do not receive a sufficient amount by the end of the grace period, your policy will then end, without value.

If the insured dies during the grace period, we will pay the insurance proceeds minus any overdue monthly deduction.

Reinstatement

If the grace period has ended and you have not paid the required premium and have not surrendered your policy for its cash value, you may reinstate this policy while the insured is alive if you:

1. Ask for reinstatement within 3 years after the end of the grace period;
2. Provide evidence of insurability satisfactory to us;
3. Pay an amount sufficient to keep the policy in force for at least 2 months after the date of reinstatement;
4. Pay an amount sufficient to cover any charges due since the grace period began with interest to the date of reinstatement at the rate of 6% a year.

The effective date of the reinstated policy will be the date we approve the reinstatement application.

Ownership and Beneficiary

Owner	As owner, you may exercise all rights under your policy while the insured is alive. You may name a contingent owner who would become the owner if you should die before the insured.
Change of Ownership	You may name a new owner at any time. If a new owner is named, any earlier choice of a contingent owner, beneficiary, contingent beneficiary or optional payment plan will be canceled, unless you specify otherwise.
Beneficiary	<p>The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when the insured dies, the owner (or the owner's estate) will be the beneficiary. While the insured is alive, the owner may change any beneficiary or contingent beneficiary.</p> <p>If more than one beneficiary is alive when the insured dies, we will pay them in equal shares, unless you have chosen otherwise.</p>
How to Change the Owner or the Beneficiary	You may change the owner, contingent owner, beneficiary or contingent beneficiary of this policy by written notice or assignment of the policy. No change is binding on us until it is recorded at our Home Office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We may require that you send us this policy to make the change.
Collateral Assignment	Your policy may be assigned as collateral. All rights under the policy will be transferred to the extent of the assignee's interest. We are not bound by any assignment unless it is in writing and is recorded at our Home Office. We are not responsible for the validity of any assignment.

General Provisions

The Contract	This policy includes any riders. The policy and riders with the application attached at issue, and any application added after issue, make up the whole contract. All statements in the application are representations and not warranties. No statement will be used to contest the policy unless it appears in the application.
Limitation on Sales Representative's or Other Person's Authority	No sales representative or other person except our President, Vice-President, or Secretary may (a) make or change any contract of insurance; or (b) make any binding promises about policy benefits; or (c) change or waive any of the terms of this policy. Any change is valid only if made in writing and signed by our President, Vice-President, or Secretary.
Incontestability	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy. We will not contest the validity of any increase in the death benefit after such increase has been in force during the insured's lifetime for 2 years from its effective date.
Age	If the insured's age on the date of the policy is not correct as shown on page 3, we will adjust the benefits under this policy. To do this, we will recompute the value of the accumulation fund by taking out the monthly cost of term insurance for the life of the policy, using the insured's correct age. The amount of the death benefit will change only if Option B is in effect.
Nonparticipation	This policy is not eligible for dividends; it does not participate in any distribution of our surplus.
Computation of Values	The minimum accumulation fund and cash values are computed using interest at the rate of 4% a year. These values and the maximum term insurance rates shown on page 4 are based on the 1980 Commissioners Standard Ordinary Mortality Table (Table B), age last birthday.

General Provisions (Continued)

For substandard policy classifications, these values and rates are based on a modified version of the 1980 CSO Mortality Table (Table B) that reflects our mortality experience.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.

Annual Report Each year we will send you a report showing the current death benefit, accumulation fund and cash value for this policy.

It will also show the amount and type of credits to and deductions from the accumulation fund during the past policy year.

The report will also include any other information required by state laws and regulations.

Illustration of Future Benefits At any time, we will provide an illustration of the future benefits and values under your policy. You must ask in writing for this illustration. The first illustration in any policy year will be furnished free of charge. Any subsequent request in a policy year will be subject to a service fee not to exceed \$5.

Exclusion

Suicide The insurance proceeds will not be paid if the insured commits suicide, while sane or insane, within 2 years from the date of policy. Instead we will pay the beneficiary an amount equal to all premiums paid, without interest, less any policy loan and loan interest and less any partial cash withdrawals. If the insured commits suicide, while sane or insane, more than 2 years after the date of this policy but within 2 years from the effective date of any increase in the death benefit, our liability with respect to such increase will be limited to its cost.

Methods of Payment

Unless otherwise requested, we may pay the insurance proceeds when the insured dies, or the cash value on surrender of the policy in one sum, or by placing the amount in an account that earns interest. The payee will have immediate access to all or any part of the account.

If requested, we will apply the amount under one or more of the following payment plans.

Option 1. *Interest Income* --The amount applied will earn interest which will be paid monthly. Withdrawals of at least \$500 each may be made at any time by written request.

Option 2. *Instalment Income for a Stated Period* --Monthly instalment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years).

Option 2A. *Instalment Income of a Stated Amount* --Monthly instalment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.

Option 3. *Single Life Income--Guaranteed Payment Period* -- Monthly payments will be made during the lifetime of the payee with a chosen guaranteed payment period of 10, 15 or 20 years.

Option 3A. *Single Life Income--Guaranteed Return* --Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit.

Option 4. *Joint and Survivor Life Income* --Monthly payments will be made jointly to two persons during their lifetime and will continue during the remaining lifetime of the survivor. A total payment period of 10 years is guaranteed.

Methods of Payment (Continued)**Other
Frequencies
and Plans**

Instead of monthly payments, you may choose to have payments made quarterly, semiannually or annually. Other payment plans may be arranged with us.

**Choice of
Payment Plans**

A choice of a payment plan for insurance proceeds made by you in writing and recorded by us while the insured is alive will take effect when the insured dies. A choice of a payment plan for the amount payable on the Final Day of Policy will take effect on such date. All other choices of payment plans will take effect when recorded by us or later, if requested. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this policy. We may also require proof of the payee's age.

Payment plans may be chosen:

1. By you during the lifetime of the insured.
2. By the beneficiary within one year after the date the insured died and before any payment has been made, if no choice was in effect on the date of death.

Payment plans for the amount payable on the Final Date of Policy may be chosen by you:

1. On or before the Final Date of Policy.
2. Within one year after the Final Date of Policy and before any payment has been made.

A choice of a payment plan will not take effect unless each payment under the plan would be at least \$50.

Limitations

If the payee is not a natural person, the choice of a payment plan will be subject to our approval. An assignment for a loan will modify a prior choice of payment plan. The amount due the assignee will be payable in one sum and the balance will be applied under the payment plan.

Payments may not be assigned and, to the extent permitted by law, will not be subject to the claims of creditors.

**Payment Plan
Rates**

Amounts applied under the interest income and instalment payment plans will earn interest at a rate we set from time to time.

Life income plan payments will be based on a rate set by us and in effect on the date the amount to be applied becomes payable.

Minimum Payments under Payment Plans- Monthly payments under Options 2, 3, 3A and 4 for each \$1,000 applied will not be less than the amounts shown in the following Tables.

Option 2. Instalment Income for a Stated Period Monthly Payment for each \$1,000 Applied					
Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18
To determine the minimum amount for a quarterly payment, multiply the above monthly payment by 2.99; for semiannual by 5.96; and for annual by 11.84.					

Payee's Age	Option 3. Single Life Income-Guaranteed Payment Period			Option 3A. Single Life Income-Guaranteed Return Minimum Amount of each Monthly Payment for each \$1,000 Applied
	Minimum Amount of each Monthly Payment for each \$1,000 Applied			
	Guaranteed Payment Period			
	10 Years	15 Years	20 Years	
50	\$4.12	\$4.08	\$4.02	\$3.97
55	4.51	4.44	4.32	4.29
60	5.02	4.87	4.65	4.70
65	5.67	5.36	4.97	5.21
70	6.46	5.88	5.24	5.85
75	7.34	6.33	5.41	6.68
80	8.21	6.64	5.48	7.75
85 and over	8.92	6.80	5.51	9.12

Option 4. Joint and Survivor Life Income- Guaranteed period of 10 Years	
Age of Both Payees	Minimum Amount of each Monthly Payment for each \$1,000 Applied
50	\$3.64
55	3.93
60	4.30
65	4.80
70	5.47
75	6.33

On request, we will provide additional information about amounts of premium payments.

Application to METROPOLITAN LIFE INSURANCE COMPANY (the Company) for Conversion of Individual Insurance Under an Employee Benefit Plan or Other Similar Plan

QUESTIONS 1-7 RELATE TO THE PROPOSED INSURED

1. Any living or child, student, pilot, or crew member YES ☒ NO ☒
with the plan for 12 months

2. POLICY APPLIED FOR: 30000 (a) FACE AMOUNT 5-25000
without any disability benefit

(b) PLAN 46-23000

(c) If other: A lower or a set Series policy is available for the face amount applied for, check Series desired ☐ YES ☐ NO

(d) POLICY CLASSIFICATION:
Specify if other than Standard

(e) ADDITIONAL BENEFIT, if available:
☒ Accidental Means Death Benefit Equals Amount Face Amount
☐ Family Income Benefit

(f) PREMIUM PAYABLE:
☒ Annually ☐ Quarterly ☐ Monthly ☐ Semi-annually

(g) Premium paid in advance of first premium \$ 20000.00

(h) If more than one dependent Beneficiary, specify in the last column of the table below the number of each dependent Beneficiary

(i) Beneficiary Beneficiary

1. Daughter & son 2/5

2. Daughter & son 3/5

3. Daughter & son 4/5

4. Daughter & son 5/5

5. Daughter & son 6/5

6. Daughter & son 7/5

7. Daughter & son 8/5

8. Daughter & son 9/5

9. Daughter & son 10/5

10. Daughter & son 11/5

11. Daughter & son 12/5

12. Daughter & son 13/5

13. Daughter & son 14/5

14. Daughter & son 15/5

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149. Daughter & son 150/5

150. Daughter & son 151/5

151. Daughter & son

DO NOT WRITE HERE

REDACTED

In
Personal Policy

Metropolitan Life Insurance Company

To The — yes: Your Group Life Benefits in the amount(s) indicated below will be discontinued on October 31, 1989.
You may apply for a personal Life Insurance policy (but not for Term Insurance), which will be issued without medical examination by Metropolitan Life, if you apply for it within the later of
31 days from the date benefits were discontinued, or
15 days from the date of this notice, if this notice was given more than 15 days from the date benefits were discontinued. 2 1 0 0 3 3 4
See Part A of this form for the amounts of insurance you may apply for. Part B of this form contains information applicable to Metropolitan.
To apply for a personal policy, present this notice in person or by mail, to any office of Metropolitan or to its Home Office at One Madison Avenue, New York, New York 10010-3690, attention of Personal Insurance Marketing Sales Services.
To The Employer — See instructions to Employer at the bottom of this form, before completing the form.

Part - A Conversion Privilege Notice To Person Eligible to Convert		Date of this notice <u>11 / 03 / 89</u>	
Name of person eligible to convert <u>PEGGY GOODMAN</u>	Relationship to Employer <input checked="" type="checkbox"/> Self <input type="checkbox"/> Dependent	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth <u>09-01-32</u>
Address <u>842 W. 111th STREET</u>	City <u>CHICAGO</u> State <u>IL</u> Zip Code <u>60643</u>	Amount(s) of group life benefits that may be converted	
Name of Employer, if other than person eligible to convert		\$ <u>38,000.00</u>	Basic Life
		\$ <u>n/a</u>	Optional Life
		\$ <u>n/a</u>	Spouse Life
		\$ <u>n/a</u>	Child Life

Part - B Group Life Benefits Information To Metropolitan			
Effective Date of Benefits <u>1/1/84</u>	Reason for discontinuance of Life Benefits <input type="checkbox"/> Termination of Employment <input checked="" type="checkbox"/> Retirement <input type="checkbox"/> No Longer an Eligible Dependent <input type="checkbox"/> Termination of Group Policy		
Amount(s) in force prior to discontinuance	Amount(s) discontinued	Amount(s) continued	
\$ <u>n/a</u> Basic Life	\$ <u>n/a</u> Basic Life	\$ <u>0</u> Basic Life	
\$ <u>n/a</u> Optional Life	\$ <u>n/a</u> Optional Life	\$ <u>0</u> Optional Life	
\$ <u>n/a</u> Spouse Life	\$ <u>n/a</u> Spouse Life	\$ <u>n/a</u> Spouse Life	
\$ <u>n/a</u> Child Life	\$ <u>n/a</u> Child Life	\$ <u>n/a</u> Child Life	
Was the employee disabled on the date the benefits were discontinued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		n/a	
Name of Employer <u>SEARS, ROEBUCK & CO.</u>	Group number <u>31000</u>	Sub Division <u>n/a</u>	Branch <u>00490</u>
Address <u>SEARS TOWER</u> Street City <u>CHICAGO</u> State <u>IL</u> Zip Code <u>60684</u>	Date <u>07/07-10, BSC 33-07</u>	Telephone (312) <u>875-8118</u>	
Signed <u>IRC REP.</u>		Include area code	

For Use By Insurance Company

Group Department approval to issue or decline the issuance of a conversion policy was obtained as follows:

☒ Issue a conversion policy in an amount of up to \$ 38,000.00
Person eligible for 5 year group coverage requirement

☐ Decline issue - conversion period expired EXPIRE DATE 12 31 89

☐ Decline issue - 5 year group coverage requirement not met

Approved to issue or decline furnished by Group Department Unit Telephone 1708 364 2245

Name David Customer Unit Include area or access code

Completed By Signature Title FI Date

Instructions to Employee

- On termination of group life benefits for an employee and to convert to a personal policy, complete both Part A and Part B of this Conversion Privilege Notice and Group Life Benefits Information form.
- Give the original copy of the completed form to the person(s) who provided the group life benefits. If you are a dependent, give the original copy to the person(s) who provided the group life benefits.
- Give a carbon copy of the completed form to the office of the company responsible for the group life benefits. If you are a dependent, give the carbon copy to the office of the company responsible for the group life benefits.
- If you are a dependent, you must return to work before we have been notified that a conversion policy has been issued. If you are not a dependent, you must return to work before you terminate your group life policy.

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Page 2 has intentionally been left blank.

Any riders for additional benefits follow page 14.

Notice

When you write to us, please give us your name, address and policy number. Please notify us promptly of any changes. We will write to you at your last known address.

Checks, drafts or money orders may be drawn to the order of Metropolitan Life (or "Met Life"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If we do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency.

Our Board of Directors is elected by the policyholders. For details on how to vote, write to our Secretary.

Metropolitan Life Insurance Company
One Madison Avenue
New York, New York 10010-3690

TRUE COPY

Countersigned and Delivered _____ 19 ____ By 6/28/06 Jy

AAABDY